Cognitive adaptation training combined with assertive community treatment

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Letter to the Editor

Cognitive adaptation training combined with assertive community treatment: A randomised longitudinal trial—A comment

Dear Editors,

With great interest, we have read the article by Hansen, Østergaard, Nordentoft, and Hounsgaard on Cognitive Adaptation Training (CAT) (Hansen et al., 2012). The authors investigated CAT in a Danish sample of 62 patients with schizophrenia or related disorders. CAT has only been carried out in the United States of America, where results showed beneficial effects on functional outcomes (Maples and Velligan, 2008). Therefore, the question becomes relevant whether the CAT approach can be of benefit for patients treated in other parts of the world.

Despite their rigorous efforts, Hansen et al. failed to find an effect when CAT was added to their regular treatment, Assertive Community Treatment (ACT). Although they mention a number of reasons for their negative findings, *e.g.* non-sufficient training and lack of supervision of their staff, there may be methodological factors that led to non-significant results. First of all, the treatment conditions in the Danish study differ from those described in the US studies. Treatment as usual in the Danish study consisted of ACT, which can be suggested to already be a very strong intervention. The frequency of home-visits (weekly) was similar to that of the active control conditions in two earlier US studies (Velligan et al., 2000; Velligan et al., 2002). However, therapy time in these US studies was primarily dedicated to the decoration of the patients' home, by the selection of items that have no direct relationship with cognition or daily functioning (e.g., wall posters, flowers). In ACT, therapy time is primarily focused on daily functioning. Thereby, and due to the fact that home-visits in ACT occurred on a weekly basis, the patients in this condition may have received support of involved staff that prompted and cued activities. Next, it can be questioned whether the treatment intensity and duration in the experimental group were according to the CAT guidelines (Velligan et al., 2011). Specifically, whereas weekly visits were provided to the patients in the US studies for a duration of 9 months, patients in the Danish study were visited only once every two weeks, for a duration of 6 months.

Of note, the assessment instruments in the Danish study differed from those in the original CAT studies. Primary outcome measures consisted of the Global Assessment of Functioning, and the Health of the Nation Outcomes Scale (HoNOS) subscale social behaviour. It is not clear to us why these outcome measures have been chosen, as they may be too global to detect change (Rees et al., 2004). In a similar vein, we question why the authors did not assess their patients with the Multnomah Community Ability Scale (MCAS) (Barker et al., 1994) which is a more comprehensive measure, allowing for a direct comparison to the US studies.

Comprehensive evaluations yielding a contingent treatment plan are pivotal for CAT. Using only the Wisconsin Card Sorting Test in lieu of multiple performance-based measures, the authors may have had less information to evaluate cognitive functioning in their patients. Furthermore, the Frontal Systems Behavioral Scale used here by Hansen and colleagues to quantify overt behavioural styles was not used to determine the mixed behavioural style, characterized by both apathy and disinhibition. More comprehensive neuropsychological evaluations could have resulted in more adequate and more personalised treatment plans.

In conclusion, a number of discrepancies arise when comparing this study with the earlier CAT studies carried out in the US, such as CAT training, treatment intensity in the control condition and the neuropsychological evaluation. Future studies investigating CAT should be carried out more in line with the earlier studies. We argue that the authors provide too little evidence to conclude that CAT has no additive effect on ACT.

Contributors

Piotr J. Quee wrote the first draft of the manuscript. All authors contributed to and have approved the final manuscript.

Conflict of interest

We wish to confirm that there are no known conflicts of interest associated with this publication and there has been no significant financial support for this work that could have influenced its outcome. We confirm that the manuscript has been read and approved by all named authors and that there are no other persons who satisfied the criteria for authorship but are not listed. We further confirm that the order of authors listed in the manuscript has been approved by all of us. We confirm that we have given due consideration to the protection of intellectual property associated with this work and that there are no impediments to publication, including the timing of publication, with respect to intellectual property. In so doing we confirm that we have followed the regulations of our institutions concerning intellectual property. We understand that the Corresponding Author is the sole contact for the Editorial process (including Editorial Manager and direct communications with the office). He is responsible for communicating with the other authors about progress, submissions of revisions and final approval of proofs. We confirm that we have provided a current, correct email address which is accessible by the Corresponding Author and which has been configured to accept email from p.j.quee@umcg.nl.

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